Music Therapy and Dissociative Identity Disorder: A commentary on Gleadhill and Ferris' article

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In every new field of treatment one is required to formulate a good argument explaining the rational for conducting this treatment. Such an argument can/should show a clear line of thought in the rationale for the treatment it presents. This line of thought is woven from the threads of clinical experience, theoretical thinking and research based knowledge into a solid foundation and rationale for the specific treatment. Music therapy is such a "new" field that it needs to provide these kinds of arguments in order to achieve recognition from the outside and in order to build and develop its theoretical understanding of its own practice.

Gleadhill and Ferris's article is an attempt to build such an argument, connecting theoretical understanding of the dissociative disorder, the psychological treatment aims, and goals with music therapy theory and research. This is a good idea.

Dissociative Identity disorder aetiology is complex but clearly related to survivors of childhood abuse. The disorder itself is viewed is as a condition where the child uses dissociative behaviours as a coping mechanism to escape from the abusing reality. The treatment goals are therefore usually: symptom relief, de-stigmatisation, increasing self-esteem and prevention of further abuse. These goals of treatment are then used as a link to music therapy. This is the central element of the argument for music therapy.

The first goal is symptom relief. This is a good place to start an argument. Every disease or dysfunctional condition has symptoms, and it is necessary to explain which treatment, and how much, will achieve relief. This is especially important when working in a hospital setting.

The central claim of Gleadhill and Ferris' argument is that "music therapy is able to provide alternatives to maladaptive behaviours, by teaching clients to use music in various ways to assist them in coping". Unfortunately there is still a lack of research information about what symptoms are influenced and relieved, how much so, and so forth.

The second goal is de-stigmatisation, seen as being related to difficulties in establishing trusting relationships. This kind of difficulty is often understood in relation to the individual's attachment style and is, as personality disorder literature states, another way of addressing similar relational problems. Boundary issues are important and the argument made here is that "music therapy can enable a safe and trusting environment". A healthy and supportive relationship provides the person with better productive skills and aids the development of effective coping skills. It is not said directly, but the assumption is that experiences from the music are "carried over" from music to the "outside". I would take the argument even further by suggesting that the role of a participant and active partner in the music is very different from the role of a victim, and it is therefore the basis upon which new relationship patterns can develop. This is both an experiential issue, when related to the whole idea of a "corrective" element in treatment, as well as a neuropsychological topic: something happens in the brain.

The third goal is increasing self-esteem. A central element of the argument for music therapy is that music utilises task-oriented interventions such as song writing, leading to a sense of control, empowerment and increased self-esteem (Day, 2006). This is true, but also not the whole truth. This short argument suggests the authors' position is that everybody engaged in music therapy would increase their self-esteem, which of course is not the case. Working with self-esteem as well as all other psychiatric conditions is a complex process involving both non-specific and method-specific elements to work. Jørgensen (2004) investigates the active ingredients in individual psychotherapy and takes the argument further suggesting the following:

> "If we accept the idea that the common and, to a certain extent, non-specific factors are more important to the outcome of therapy than the more technical and specific elements applied in particular kinds of psychotherapy, it follows that good clinical practice results not primarily from theoretical training, the study of the clinical literature, and empirical research into psychotherapy, nor from explicit instructions concerning specific therapeutic strategies and forms of intervention, but rather from the clinician's personality, attitudes, and way of being with his patients." (Jørgensen, 2004, p. 536)

This radical statement is referring to language based therapies and therefore don't include the active ingredient of music. Music is an active and very different active ingredient when applied in therapeutic setting compared to language. Nevertheless, the elements of the therapist's performance training, level of education and theoretical thinking are equally important in music therapy, and therefore are also an active ingredient.

The fourth goal is prevention of further abuse. The argument made by the authors is in line with the rationale and methods mentioned above, and the focus is on eliminating maladaptive behaviours. This is a consequence of the activities in music therapy, emphasising the adaptability of the treatment modality.

In the rest of the article Gleadhill and Ferris link the presented argument with therapeutic practice. This reveals that many factors are considered active, such as the curative group factors (Yalom, 1975), as well

as theoretical elements such as CBT that are mixed in with the music therapeutic elements and the theoretical understanding.

Personally, I see this article as a result of the ongoing need to define and describe our profession in every context we practise in. The need to build a strong argument is ever present and a continuous developmental process. One of the problems with the dissemination of music therapy is to explain the active ingredient of music without the use of music. Whether we use concepts like musicking, or entrainment to engage the recipient, there is a need to explain some of the processes that take place in a music therapy setting.

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